

PATENT APPLICATION SERIAL NO 08/604950

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

RP18018	06/11/96	08604950	10-0750	180	958	750.00CR	JAB948
RP18019	06/11/96	08604950	10-0750	180	970	880.00CH	JAB948

520 UH 10-0750 03/18/96 08604950  
52093 968 250.00CH  
52094 958 750.00CH *ok for refund 750.00*  
*PTO*

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>22 May 96</u>	2 Serial/Patent # <u>08-604950</u>			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input checked="" type="checkbox"/> Filing			\$ <u>750</u>	
<input type="checkbox"/> Amendment			\$	
<input type="checkbox"/> Extension of Time			\$	
<input type="checkbox"/> Notice of Appeal/Appeal			\$	
<input type="checkbox"/> Petition			\$	
<input type="checkbox"/> Issue			\$	
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/> Maintenance			\$	
<input type="checkbox"/> Assignment			\$	
<input type="checkbox"/> Other			\$	
			7 TOTAL AMOUNT OF REFUND	\$ <u>750</u>
8 TO BE REFUNDED BY:				
<input type="checkbox"/> 10 REASON:		Treasury Check		
<input type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Duplicate Payment	Credit Deposit A/C #: <u>10-0750</u>		
No Fee Due (Explanation):  <u>Correct basic fee/fee code</u>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Stephanie D. Reed</u> SIGNATURE: <u>Stephanie D. Reed</u>		TITLE: _____		
OFFICE: <u>PCT-DO-EO</u>		PHONE: <u>305-3659</u>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Stephanie D. Reed</u>		DATE: <u>6-3-96</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B